Requirements for filing:

- 1) Form must be typed.
- 2) Signature(s) must be notarized.
- 3) Filing Fee is \$10.00. (Checks can be made payable to County Clerk)
- 4) Can be filed in person at the Circuit Court Deed Room or mailed to: Rockingham County Circuit Court Court Square
 Harrisonburg, VA 22801

ASSUMED NAME CERTIFICATE

VIRGINIA CODE 59.1-69

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business in the County of Rockingham, Virginia under an assumed or fictitious name.

abo			, whose name is signed d acknowledged the same on	
Co	I,ove, personally appeared before me in	, do hereby certify that, Virginia an	, whose name is signed d acknowledged the same on	
Co		do hombre oguifer that	<u></u>	
~	ommonwealth of Virginia, to-wit: bunty/City of			
υ.	EINITED EMBERT COMPANY	Name of Member/Manager	Signature of Member/Manager	
D.	LIMITED LIABILITY COMPANY	Name of President	Signature of President	
В. С.	PARTNERSHIP OWNED CORPORATION OWNED	Name of General Partner	Signature of General Partner	
A.	SOLE PROPRIETORSHIP	Name of Owner	Signature of Owner	
I co	ertify that the foregoing is true to the best of my	knowledge and belief.		
		ACKNOWLEDGMENT		
2.	business in this Commonwealth was issue The Registered Agent of this corporation is	imited liability company? NO YES	If YES provide date of the Certificate to transact	
	C. NAME AND ADDRESS OF CORPOR	RATION or LIMITED LIABILITY COM	PANY:	
	certificate with the State Corporation Co (3) Is this a foreign limited partnership? Commonwealth issued to it by the State	YES If YES, please complete Statement of NO YES If YES, such domestic limit runmission. Section 59.1-70 NO YES If YES, the date of the Certification.	Partners. ed partnership shall file a certified copy of this cate of Registration to transact business in the and such foreign limited partnership shall	
	B. NAME OF PARTNERSHIP: OFFICE ADDRESS:			
	A. NAME OF OWNER: RESIDENCE ADDRESS:			
1.	This business is owned by the following entity type: SOLE PROPRIETORSHIP, Complete A below. PARTNERSHIP, Complete B below. CORPORATION or LIMITED LIABILITY COMPANY, Complete C below.			
	ASSUMED OR FICTITIOUS NAME: Address of Business:			

In the Clerk's Office of the Circuit Court of Rockingham County, Virginia, this day of, 20O'clockM, this certificate of Acknowledgment annexed was recorded and filed and admitted to record.	, at
Teste:	
By: Deputy Clerk	